

<b>Case Number:</b>	CM13-0054908		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/13/1974
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 90 year old male with a date of injury of September 13, 1974. Results of the injury include the spine. Diagnosis include spinal stenosis lumbar. Treatment has included medications, custom orthotics, AFO braces, extra depth shoes, and knee high cotton compression socks. Medical imaging was not provided. Progress report dated October 24, 2013 showed his legs, hip flexor was 1 on the left and 3+ on the right. Treatment plan included physical therapy, Tai Chi, and pool therapy. Utilization review form dated November 7, 2013 non certified Physical therapy 2xweek x 4 weeks due to noncompliance with MTUS treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PHYSICAL THERAPY 2 TIMES A WEEK TIMES 4 WEEKS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical medicine treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with left leg weakness, bilateral shoulder pain, constant uncontrollable spastic hand and foot reflexes with uncoordinated fine movements, and discomfort over his left second and third toes. The request is for PHYSICAL THERAPY 2 TIMES A WEEK X 4 WEEKS. The utilization review determination letter indicates that the patient has had prior physical therapy in July of 2012. MTUS page 98 and 98 has the following: Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. MTUS page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the utilization review denial letter states that the patient has had prior physical therapy in July of 2012. Review of the reports do not show any subsequent therapy. Although the treater does not report why this patient needs therapy at this juncture and why the patient is unable to perform the necessary home exercises, given that it's been over 2 years since the last round of therapy and given the patient's chronic pain condition, a short course of therapy would appear reasonable. The requested number does not exceed what is typically recommended by MTUS for this kind of condition either. The request IS medically necessary.